



# ELKS HOOP SHOOT 2026-27 REGISTRATION FORM

Please complete this form and return it to your Lodge Hoop Shoot Director.

**IMPORTANT: Contestants may participate in ONLY ONE Lodge contest.**

Sponsoring Elks Lodge \_\_\_\_\_ No. \_\_\_\_\_

Contestant's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Previously Participated? ☐ Yes ☐ No

If yes, how many prior years? \_\_\_\_\_

Allergies? ☐ Yes ☐ No

If yes, describe: \_\_\_\_\_

☐ BOY ☐ GIRL

Using the Age-Group Calculator at [enf.elks.org/HSAC](http://enf.elks.org/HSAC), circle the correct age that the contestant will be on April 1, 2027.

8 9 10  
11 12 13

List the name(s) of the contestant's parent(s) or guardian(s) who will accompany them to each Hoop Shoot contest or who should be contacted in case of emergency. The provided information will be used by Hoop Shoot Directors to send contest updates, schedules, and important announcements. Incomplete or illegible information may result in missed communications.

Primary  
Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

Secondary  
Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_ Email \_\_\_\_\_

Cell Phone \_\_\_\_\_

As the parent and/or legal guardian of the above-mentioned contestant, I hereby request and permit their participation in the Elks Hoop Shoot Free Throw Contest. I assert that the information provided above is correct and true to the best of my knowledge. I may be asked to provide verification of the contestant's date of birth. If unable to provide proper verification, I understand the contestant may be disqualified. I understand that participation in the Elks Hoop Shoot is at the risk of the contestant and their family. I hereby release the Benevolent and Protective Order of Elks USA (BPOE) and the Elks National Foundation, Inc., from any and all claims, demands, liabilities, obligations, damages, costs, expenses, and loss of service and actions arising from any act or incident to the contestant's participation or mine in connection therewith. I give consent and authorize the BPOE and the Elks National Foundation, Inc., to use and reproduce the contestant's name and/or likeness to circulate the same for any and all purposes reasonably related to the conduct and promotion of the Elks Hoop Shoot contests.

Primary  
Contact Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Secondary  
Contact Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

## HOOP SHOOT DIRECTORS ONLY LODGE DIRECTOR COMPLETE THIS SECTION

Name (Please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Score \_\_\_\_/25 Tiebreaker Score(s) \_\_\_\_/5 \_\_\_\_/5 \_\_\_\_/5

Contestant's age verified using the Hoop Shoot Age-Group Calculator found at [enf.elks.org/HSAC](http://enf.elks.org/HSAC): Yes ☐ No ☐

## DISTRICT DIRECTOR COMPLETE THIS SECTION

Name (Please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Score \_\_\_\_/25 Tiebreaker Score(s) \_\_\_\_/5 \_\_\_\_/5 \_\_\_\_/5

## STATE DIRECTOR COMPLETE THIS SECTION

Name (Please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Score \_\_\_\_/25 Tiebreaker Score(s) \_\_\_\_/5 \_\_\_\_/5 \_\_\_\_/5

## REGIONAL DIRECTOR COMPLETE THIS SECTION

Name (Please print) \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Score \_\_\_\_/25 Tiebreaker Score(s) \_\_\_\_/5 \_\_\_\_/5 \_\_\_\_/5